BEST AVAILABLE COPY

	PATENT A	PPLICATIO Effecti		Αþ	plication	oi De	cket Num	Dei					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		TITY	OR	OTHER SMALL	
TOTAL CLAIMS			15					RATE		FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS) 5 minus 20=		·O			X\$ 9:	=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		. Q			X40=		,	OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135:		1	OR	+270=	,-
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	_	-	OR	TOTAL	FID
CLAIMS AS AMENDED - PART II											On	OTHER	
(Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL	
NT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	= -	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	-Total		Minus	**			- <u>·</u>	- X\$ 9			OR	-X\$18=	
AMENDMENT	Independent	•	Minus	***		=	1	X40=		· · · · · · · · · · · · · · · · · · ·	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_		1	+270=	, <u>«</u> -
								TO1		,	OR	TOTAL	
	(Column 1) (Column 2					/O-1		ADDIT. F			JOR	ADDIT. FEE	
<u></u>	.34	(Column 1) CLAIMS		HIG	HEST	(Column 3	4			ADDI-			ADDI-
NDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	٤	TIONAL		RATE	TIONAL FEE
N S	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	1
AMEN	Independent	•	Minus	***		=		X40=		. 0	OR.	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									\dashv	-			
								+135: TOT			OR	+270= TOTAL	
									EE		OR	ADDIT. FEE	<u> </u>
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		NU\ PREVI	MBER HOUSLY FOR	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ĮŞ Ş	Total	•	Minus	**		=		X\$ 9:	_		OR	X\$18=	
NE NE	Independent	•	Minus	***		=		X40=				X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J		\dashv		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135			OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE	
		nber Previously Pa						ound in the	е арр	propriate bo	x in co	olumn 1.	